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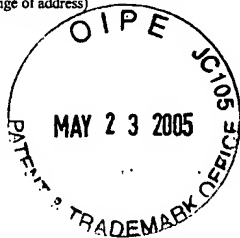
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32361 7590 03/09/2005

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Randi Flamenbaum

(Depositor's name)

*Randi Flamenbaum* (Signature)

May 23, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/004,207

11/01/2001

Jose Fernandez

19870.052301

6367

TITLE OF INVENTION: MODULAR HIP PROSTHESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/09/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PRIDDY, MICHAEL B	3732	623-023180

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EXACTECH, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

2320 N. W. 66th Court  
Gainesville, FL 32653, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501561 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Barry J. Schindler

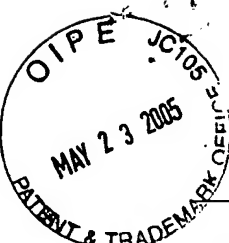
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Date May 23, 2005

Registration No. 32,938

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**APPLICANT(S):** Exactech, Inc./Jose Fernandez, et al  
**SERIAL NO.:** 10/004,207  
**FILED:** November 1, 2001  
**ATTY. DOCKET:** 19870.052301  
**TITLE:** MODULAR HIP PROSTHESIS

**EXPRESS MAIL CERTIFICATE**

Express Mail Label No. EV 569743978 US

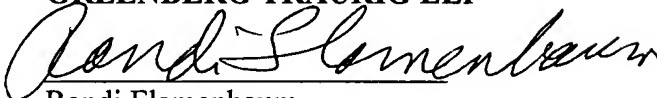
Date of Deposit: May 23, 2005

I hereby certify that the following attached paper(s) and/or fee

1. PTOL-85 Issue Fee Transmittal Form (in duplicate) Authorizing withdrawal from Deposit Account 501561- \$1000.00;
2. A self-addressed stamped postcard, return of which is requested to acknowledge receipt of the enclosed documents.

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Respectfully submitted,  
**GREENBERG TRAURIG LLP**

  
Randi Flamenbaum  
Legal Assistant

Dated: May 23, 2005

**CORRESPONDENCE:**

Barry J. Schindler, Esq.  
**GREENBERG TRAURIG LLP**  
Met Life Building  
200 Park Avenue, 34th Floor  
New York, New York 10166  
Phone: 212-801-2244  
Fax: 212-801-6400